

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/724,288
		Filing Date	November 28, 2000
		First Named Inventor	Schenk, Dale B.
		Art Unit	1647
		Examiner Name	Sharon L. Turner
Total Number of Pages in This Submission	17	Attorney Docket Number	15270J-004765US

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ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) <small>(1 page, submitted in duplicate)</small> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group	
	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (PTO/SB/31) <small>(1 page, submitted in duplicate)</small>	
	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) <small>(please identify below)</small>	
	<input type="checkbox"/> Request for Refund		
	<input type="checkbox"/> CD, Number of CD(s)		
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Rosemarie L. Celli	Reg. No. 42,397
Signature		
Date	December 9, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9906 on December 9, 2003

Typed or printed name	Rosemarie L. Celli		
Signature		Date	December 9, 2003

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 330)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Release filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-**	=	
Independent Claims		X	=
Multiple Dependent		X	=

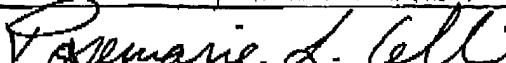
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim. If not paid	
1204 88	2204 43	- Release independent claims over original patent	
1206 18	2205 9	- Release claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	

*or number previously paid; if greater; For Reissues, see above

<i>Complete if Known</i>	
Application Number	09/724,288
Filing Date	November 28, 2000
First Named Inventor	Schenk, Dale B.
Examiner Name	Sharon L. Turner
Art Unit	1647
Attorney Docket No.	15270J-004765US

FEE CALCULATION (continued)					
B. ADDITIONAL FEES		Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	850	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1601	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2602	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1609	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
Reduced by Basic Filing Fee Paid				SUBTOTAL (3)	
				(\$) 330	

SUBMITTED BY

Name (Print/Type)	Rosemarie L. Celli	Registration No. (Attorney/Agent)	42,397	Telephone	650-326-2400
Signature				Date	December 9, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <u>15270J-004765US</u>						
<p>I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-703-872-9308</p> <p><u>Rosemarie L. Celli</u> Signature</p> <p>Typed or printed name <u>Rosemarie L. Celli</u></p>								
<p>In re Application of <u>DALE B. SCHENK et al.</u></p> <table border="1"> <tr> <td>Application Number <u>09/724,288</u></td> <td>Filed <u>November 28, 2000</u></td> </tr> <tr> <td colspan="2">For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE</td> </tr> <tr> <td>Art Unit <u>1647</u></td> <td>Examiner <u>Sharon L. Turner</u></td> </tr> </table>			Application Number <u>09/724,288</u>	Filed <u>November 28, 2000</u>	For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE		Art Unit <u>1647</u>	Examiner <u>Sharon L. Turner</u>
Application Number <u>09/724,288</u>	Filed <u>November 28, 2000</u>							
For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE								
Art Unit <u>1647</u>	Examiner <u>Sharon L. Turner</u>							
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>								
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$330.</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$.</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>Rosemarie L. Celli</u> Signature</p> <p><u>Rosemarie L. Celli</u> Typed or printed name</p> <p><u>(650) 326-2400</u> Telephone number</p> <p><u>December 9, 2003</u> Date</p>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>								

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